MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/ ○○○○ 93

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		4						55						
6		4						56						
7		4						57						
8		4						58						
9		4						59						
10		4						60						
11		4						61						
12		(1)						62						
13		(1)						63						
14	1							64						
15		(1)						65						
16		(1)						66						
17		(1)						67						
18		(1)						68						
19		(1)						69						
20		(1)						70						
21		(1)						71						
22		(1)						72						
23		(1)						73						1
24		(1)						74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2							TOTAL IND.						
TOTAL DEP.	39							TOTAL DEP.						
TOTAL CLAIMS	41							TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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